

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other			\$ 40							
		7 TOTAL AMOUNT OF REFUND		\$ 40							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--				
		--									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: <u>                    </u>		PHONE: <u>          </u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>                    </u>		DATE: <u>5/2/08</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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Address: http://www.uspto.gov/...  
Title: USPTO - Refund Payment

Back Forward Stop Home Reload Print

### Refunded Payment

Payment from check no.: 001727  
Bank Routing Code: 121000497  
Acct No.: 1180016569

### Check Refund

Number: 93047 Hold Date: 05/11/2000 Issue Method: ☐ Electronic ☒ Paper PCT Code: ☐ WIPO ☐ EPO ☐ None  
Amount: 40.00 Treas Check No:  
Refund Cat: NONGOVNMNT Status: INPROCSS  
Fee Cd: Name/Number: 09475923

### Mailing Address

Payee Name: DONALD R GREENE Tax Identification No:  
Attention:  
Street: P O BOX 12995  
City: SCOTTSDALE  
Province:  
State: AZ Country: US Postal Code: 852672995

UPDATE SUCCESSFUL

KHARLING

05/02/2000